

Do you need the Agency to provide an interpreter to help you at the interview? () yes () no If yes, what language? _____ ¿Necesita que le proporcione un intérprete para que le ayude en la entrevista? () sí () no Si dice que sí, ¿que idioma hablan en su casa? _____	FILING DOCUMENT FOR OFFICE USE ONLY				
	Grantee Name				
	Grantee Client ID				
	Case Number				
	County	District	Section	Unit	Specialist

APPLICANT INFORMATION - PLEASE PRINT
 You will still need to complete the entire Assistance Application. This is a filing document meant to preserve the application date.

1. Name (First, Middle, Last)		2. Date of Birth (Mo/Day/Yr)		3. Phone Number ()	
4. Residence Address (Number, Street, Rural Route, Apt. No.)		City	County	State	Zip Code
5. Mailing Address (If Different From Above)		City	County	State	Zip Code
6. If anyone in your home uses a tele-type for the deaf, enter TDD or TTY number: ()	7. Name of person and phone number where you can be reached. Name (First, Last) Phone No. ()				
8. Have you ever applied for, or received, assistance from the State of Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What is the total amount of CASH assets belonging to your household? (Include cash, savings, checking, savings bonds, etc.) \$		10. What is the total INCOME your household will receive this month? (Include earning, UCB, child support, Social Security benefits, etc.) \$			
11. What is the total amount of your monthly rent and/or mortgage payment? \$		12. Do you pay for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If you do not pay for heat check utilities you pay for <input type="checkbox"/> non heat electric <input type="checkbox"/> water/sewer <input type="checkbox"/> telephone <input type="checkbox"/> cooking fuel <input type="checkbox"/> garbage/trash			
13. Is anyone in your household a migrant or seasonal farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please answer questions 14 through 16. If NO, skip to 17.		14. Has anyone in your household received any income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how much? \$ When?			
15. Did your household recently lose its only source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when?		16. Does anyone in your household expect to receive income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how much? \$ When? Any travel advance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. If you are applying for someone else, complete the following information:					
Name (First, Middle, Last)		Relationship to Applicant		Phone Number ()	
Address (Number, Street, Rural Route, Apt. No.)		City	State	Zip Code	

18. Check the Programs you are applying for	<input type="checkbox"/> Cash Assistance (rent and other daily living expenses)	<input type="checkbox"/> State Emergency Relief (utility shut-off, eviction notice, or other emergency)
	<input type="checkbox"/> Medical Assistance (doctor bills, hospital bills, prescriptions, Medicare premiums)	<input type="checkbox"/> Child Development and Care (child care payments)
	<input type="checkbox"/> Food Assistance Benefits (food)	

IF YOU ARE APPLYING FOR PROGRAMS OTHER THAN FOOD ASSISTANCE, YOU NEED TO COMPLETE THE BACK OF THIS FORM.

19. TO FILE TODAY SIGN HERE AND TURN THIS FORM IN AT THE RECEPTION DESK (applicant or representative)	Signature	Date
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This form is issued under authority of 42 CFR 435.907; 7 CFR 273.2(d); and Sections 25 and 59 of Act 280 of the Public Acts of 1939, as amended. You must complete this form if you want to file today, but do not have time to complete the entire application.	The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.
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1.

ANSWER ALL QUESTIONS LISTED BELOW

- **List yourself first and then all other persons who live in the home or are temporarily absent from your home.**

- **If you are applying for a patient in a nursing home, list the patient first, then the patient's spouse and other dependents at home, if any.**

Enter this person's racial heritage from the codes below. If you are multiracial, you may enter all codes that apply.
(Answering this is voluntary.)

W = White

B = Black

S = Asian

I = American Indian

A = Alaskan Native

P = Native Hawaiian or Pacific Islander

Check box below if you are Hispanic or Latino.
(Answering this is voluntary.)

Line No.	NAME (First, Middle, Last)	Do you want benefits for this person?		Relationship to you	Date of Birth Mo / Day / Year	Social Security Number for those applying for assistance	Sex M or F		
		Yes	No						
1				SELF					<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>
7									<input type="checkbox"/>
8									<input type="checkbox"/>

Is any person :	Yes	No	If yes, Who?	Who?	Who?	Who?
Disabled, blind or unable to work						
Pregnant						
A refugee						